



FINANCIAL MANAGEMENT
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
PAYMENT REQUEST FORM

☐ Safe Schools ☐ Title II.D ☐ METS

DUE MAY 15

DISTRICT NAME	COUNTY-DISTRICT CODE
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DIRECTIONS

This form may be submitted monthly to request payment for anticipated expenses. The signed request form must be in our office by the last day of the month, preceding the month in which your district expects payment. Reimbursement is the preferred payment method. The district should not request funds in excess of what they can spend before the next payment. Any interest drawn on federal funds will have to be paid back to the U. S. Department of Education. The district may request up to seventy-five percent of the approved amount until the final expenditure report is submitted and approved.

Mail OR fax (573) 526-6698 the completed form to: Financial Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480; Ph: (573) 751-4420

For program-related questions contact Instructional Technology: Ph (573) 751-8247; Fax (573) 522-1134; E-mail instrtech@dese.mo.gov

BUDGET CATEGORIES	Actual Expenditures (as of date of this request)	Estimated Expenditures (projected for one additional month)	Total Expenditures (Actual Expenditures plus Estimated)	Match Funds (if required)
6100: SALARIES				
6200: EMPLOYEE BENEFITS				
6300: PURCHASED SERVICES				
6400: MATERIALS/ SUPPLIES				
6500: CAPITAL OUTLAY				
TOTAL EXPENDITURES				
AMOUNT RECEIVED TO DATE				
AMOUNT REQUESTED (Total Expenditures – Amount Received To Date)				
**Professional Development (Amount must equal or exceed 25% of Project Total) ONLY APPLIES TO TITLE II.D e-MINTS				
Please check if this is your Final Expenditure Report: <input type="checkbox"/> FINAL EXPENDITURE REPORT Project Evaluation Narrative is also required, check your program manual.				
I, the undersigned, as official representative designated by the Board of Education, certify the LEA to be in compliance with the assurances signed in the application(s).				
SIGNATURE OF AUTHORIZED LEA REPRESENTATIVE		DATE		